P05000104626

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2021 FT 21 PH 1: 34

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: keith kinard inc				
DOCUMENT NUM	IBER: P05000104626				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	keith I kinard				
		Name of Contact Persor	1		
	keith kinard inc				
		Firm/ Company			
	14301 sweat loop rd				
	Address				
	wimauma, fl 33598				
		City/ State and Zip Code	:		
For further informati	kkinc1964@gmail.com E-mail address: (to be used) on concerning this matter, pleas	sed for future annual report	notification)		
keith I kinard		at (813) 505-3024		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check t	for the following amount made	payable to the Florida Depa	urtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

keith kinard inc		.
(Name of C	orporation as currently filed with the Florida Dep	ot, of State)
P05000104626		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6. Florida Statutes, this <i>Florida Profit Corporation</i> a	adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
		The new
	word "corporation," "company," or "incorporated o," "Inc," or "Co". A professional corporation the abbreviation "P.A."	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF</u>)	FICE BOX)	
	r registered office address in Florida, enter the na	ime of the
new registered agent and/or the new re	gistered office address:	
Name of New Registered Agent		
<u></u>		
	(Florida street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan		
I hereby accept the appointment as registered	d agent. I am familiar with and accept the obligatio	ns of the position.
		202
		 !
-	Signature of New Registered Agent, if changing	
Check if applicable		-
☐ The amendment(s) is/are being filed pursu	ant to s. 607.0120 (11) (c), F.S.	3
		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	lynch, chad ryan	10710 estates del sol
Add			riverview, florida 33579
x Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional she</i>	ing additional Arti eets, if necessary).	(Be specific)				
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-			· · · · · · · · · · · · · · · · · · ·			
						
		-		,,,,,,		<u>.</u>
<u>f an amendment pr</u>	ovides for an excl	nange, reclassifi	cation, or cance	llation of issued	shares,	
provisions for impl	lementing the ame le, indicate N/A)	ndment if not c	ontained in the	amendment itsel	<u>lf:</u>	
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	<u></u>					. _
						
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					<u>-</u> .	
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The date of each amendment(s) adoption: <u>6/</u> date this document was signed.	/10/2021	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after timenament fite date)	
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.	
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by <u>2</u>	<u>,"</u>	
	ting group)	
Dated 06/10/2021		2021
Signature		2021 JUN 20
	sident or other officer - if directors or officers have not been	·
	orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	P
appointed indicial	y by that hedelary)	 -2
keith I kina	ard	34
	(Typed or printed name of person signing)	·
President		
	(Title of person signing)	